## Office of the State Coordinator for Health Information Technology Steering Committee

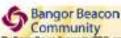
September 8th, 2011



### AGENDA

- Welcome & Introductions
- Draft Minutes from August 2011 HITSC Mtg
- Program Updates
  - Bangor Beacon Program Cathy Bruno, EMHS
  - Community College Program Meagan Landry, KVCC + Paul Richardson, SMCC
  - MPCA
  - HIN Dev Culver
    - REC
  - MaineCare Dawn Gallagher
  - IHOC Joanie Klayman, Muskie School
  - HIX KarynLee Harrington
  - Home health/hospice plan Julie Shackley
- Consent Form required under LD 1337 Jim and HIN
  - Finalized opt-out form and information
  - discussion
- LD 1467 All Payor Claims Database Workplan Jim
  - Discussion
- Legal Work Group 2011 2012 focus Jim
  - Definition and responsibilities of a State Designated Health Information
  - Clinical data and regulatory rules
- Behavioral health streamlining reporting burden jim
  - Goals and workplan
- If time permits HIT Issues not on the Agenda
- Adjourn





#### Status Report September 5, 2011

The Cianobette Building 43 Whiting Hill Road Brower, Mainer 04412

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The Acadia Housest

Consumory Health and Counseling

Community College

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Maine Primary

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Community Bealth Care

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St. Joseph

Healthway

Care Association

HorseCore

Community

Partners.

EMHS.

The Busger Boscon Consessory (BBC), computed of 13 Perturn and led by EMHS, is working to improve the health of three-only if people in the Berger region through nominable care coordination that is facilitated by health information. 207, 973,7050 technology (HT). More than a force soldinarial interesting collaborators are working to region that the improved entraces: Fig. 207, 973,7130 brought about through SSC humming and health information enchange, are extended throughout the State of Massa. The SSC is supported through a time year, \$12.75 million great three the Office of the National Coordinates (SNC) for HIT.

#### Cellaborative Highlights

The Bangor Beacon Community and Quality Counts/Aligning Forces for Quality are co-sponsoring Care About Your Care on September 15, 2011 at the Spectacular Event Center in Bangor. The Bangor Beacon Community will be featured during a live broadcast moderated by Dr. On Kathy Bragdon, KN, care manager at Penobocot Community Health Center's work with putients and use of technology to improve care will be the focus of our regment. The event hopes to increase awareness about what concerners can do to identify and receive better care and will include a health thir, punel discussion and lunch. The public is invited to attend.

Social media has become an active part of the Bangor Beacon Community communications strategy. We have just reached a total of 622 followers on Twitter and have sent more than 2,760 Tweets: You can follow us at www.twiter.com/BannoeBeacon. We have 252 friends on Facebook and frequently post information about our community, patient stories, health information technology, and chronic diseases. Join the diseastion at http://www.facebook.com/pages/Bangor-Beacon-Community/132153326834441.

#### Patient Centered Strategy

Performence Improvement - The Bangor Beacon Community reviewed data for chronic obstructive pulmonary doesne (COPD) and arthura and is showing improvements at the practice level for many of the Beacon goals, including blood pressure recorded, smoking status documented, and the COPD bundle. Arthura metrics have improved for practice process measures as well.

Care Management - Two training sensions were held in July for care managers: Patient Self Management Support for Diabetes and Managing Medications for High Rick Patients. The care managers are identifying, prioritaing, and overcoming burners; focusing on medication reconciliation. across the continuum of care. In September, the Care Manger Forum will inum more about Acadia Hospital's case management model and participate in a form group discussion to share their experiences. Software Healthcase so part of the Bangor Beacon Community.

Home Cove - All sites are enrolling patients. Eligible patients receive in home mounters upon discharge from the hospital that measure blood pressure, weight, and blood sugar levels. The goal is to show the impact telemonitors have on reducing readmissions to the hospital within 30 days.

Immunications - Following the lead of The Acadia Hospital, all Bangor Beacon Community partners will purve implementing the Joint Commission challenge to have all employees vaccinated during this flu season. Acadia Hospital achieved Gold level status. The 2010 influenza season ended with 56% compliance among patients with one of four chronic conditions such as diabetes, cardio-vascular disease, asthma, and chemic obstructive pulmonary disease.

#### Challenges Opportunities

Enveloper - Bangor Beacon Care Managers have enrolled nearly more than 1,050 patients with a goal of 1,500. Research coordinators have enrolled nearly 150 control group patients to date toward a goal of 750. We are actively recruiting patients for the study and enrollment has been extended to September 30, 2011. Please spread the word and have prospective patients call 973-9070 for eligibility.

We value your input, please let us know if we can improve these updates and as always you can find us online at prays hap exchence programmity our

Submitted by Catherine Brano, Executive Sponsor



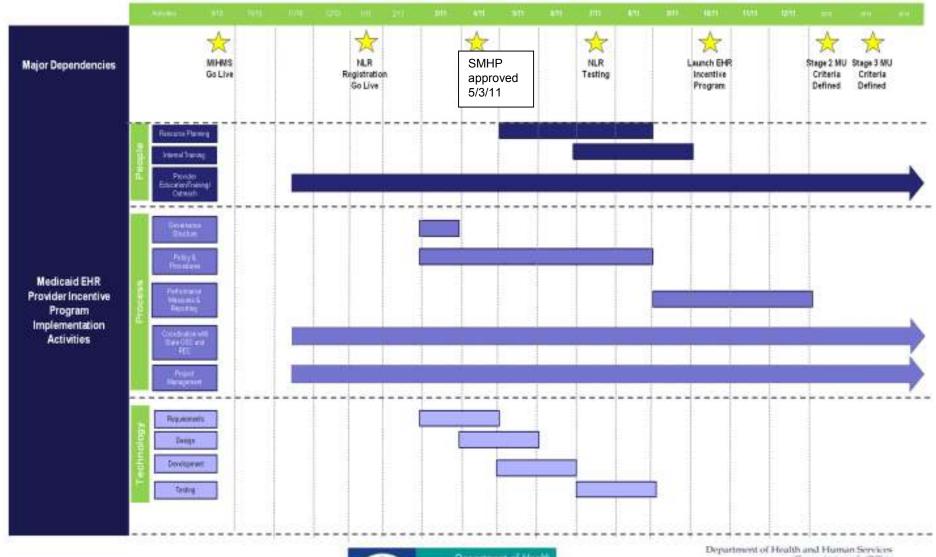
Department of Health and Human Services Commissioner's Office 221 State Street 11 State House Station Augusta, Maine 04333-0011 Tel. (207) 287-3707 Fax (207) 287-3005; TTY (800) 606-0215

# MaineCare HIT Initiative Program Status Update

September 8th, 2011



### MaineCare EHR Incentive Program Implementation Plan





Department of Health and Human Services Commissioner's Office 221 State Street T1 State House Station Augusta, Maine (4333-0011 Tel. (207) 287-3707 Fay (207) 287-3005; TTY (800) 606-0215

# State of Maine MaineCare Update

# Medicaid HITECH EHR Incentive Program



# HIT Schedule continues on track

Go live planned for Monday October 3, 2011



# **Current Projects:**

# **Testing**

 EHR Incentive Application Process

 Feedback from IT with in-depth reports



# **Current Projects:**

- Website
  - Has been updated with the calculation
  - Next week we will have the checklist posted



- Outreach with providers for education of program
- For any practitioner that would like one-on-one assistance we can arrange that by having them contact us at:

EHRHelpdesk.DHHS@Maine.gov



## **Opt-Out Form Requirements**

- Info about HIN including benefits and risks of participation.
- Description of how and where to get more info or contact HIN.
- Opportunity for the patient to opt-out.
- Declaration that patients can't be denied treatment based on provider's or patient's decision not to participate.
- Information about how patients can do the following both on HIN's website and without Internet access:
  - How patients can request a report of who has accessed their HealthInfoNet record and when the access occurred.
  - Opt-out and opt back in if they've previously opted out.



### **Final informational Sheet**

Jam godeni Alguis (811)





#### Helps your caregivers provide you better, easier, safer care

Heart Informs to a course computer system for doctors, hospitals and other congliers to share information that can improve your same the little for computer over the production from separate caregivers to create a single electronic patient health record. This system health plotting conspiring congrient quickly across time strength makes more informed decisions about your care, especially in an emergency. Caregivers already strare patient health records through fix, errar, and make make during the care of the conditions about your care, especially in an emergency. Caregivers already strare patient health records through fix, errar, and make their needed for your care. Healthrift-field makes it wasks, factor, and make several

#### includes important information about your health

- Your Healthritcher record (your "record") includes medicines (preconducted, lifetiges, list and test results, image reports, conditions, diagnoses, or health proteines from your participating complient.
- Your record includes your name, birth date, address, sex, phose number, and assist assuring number (if provided to your caregore) to make sure your health information is embedd into the connect record.
- Destar manto nestri, substance atute, and HV reset nestri information is not systeme in the system. For more orbimation, contact resamments or visit www.htmshet.org.



#### Helps caregivers work together, make better decisions and reduce mistakes

Earns of the benefits of Healthmithles may include better coordination between sangivers, fever medical errors, improved patient salety, better patient Health soutcomes, term sepect tests and procedures, liest page-mons, reducest health one coots, and faster reporting of public health trivials to the Mone COC.

#### Keeps records private and secure

- Healthinforfed totals every pressulton to need your records private and secure. Information is enoryphed and sent over a private retwork test commerced to the internet.
- Only conguers use your information in the system, employers, resurance companies, and government, sen not, information that identifies you want be ools, and your name won't be added to any mailing list.
- The system keeps track of who views your resord, what they look at and when. You can request a report of this otherwision by filling out the faire of www. hinforet.org/outilt or by calling 868–900 4085.
- Of course, no electronic system is completely secure and there is some risk of unauthorised occase or resease of interrusion.

#### You can choose not to participate

- Participation is voluntary if you had the take outweigh the benefits, you may choose not to participate ("optout"). Your choose to opt-out will not affect your ability to accept medical care.
- If you opt-out, intellitrictablet removes your health intomation from the system and keeps only your demographic information, such as your name and brifts date, to make sure no health information is added.
- Fit out an opt-out form at your participating caregiver's office, complete it becamely online at well-inflored orgioptious, or call Healthintonies to opti-out by phone or mod
- If you opt-out, you can later take action to persospets again (hope-or). Your second will only include information from medical holds that happen after you opt-in. To optin, contact us, or go brilling to eleventrictions regrispetin.

126 Procurations Street, Sci. 8. Portanti, ME 041031 + 886-692-4562 + 207-641-9260 + seek finitinet ing



Department of Health and Human Services Commissioner's Office 221 State Street 11 State House Station Augusta, Maine 04333-0011 Tel. (207) 287-3005. TFV (800) 606-0215

### Final Opt-Out Form



#### HealthInfoNet Opt-Out Form

Limit problem (luggest 2011)

Modifiability Not helps your consgivers provide your bettet, nesses, advir care. Healthrightet is a sincure computer system that containes your key medical information from separate consigners to credit a city section it is expected to the provide the section of the medical and freeze the sections that in section is the medical and freeze the problems. Hence access to the internation can tell problems into access to the internation can tell price congress portrapiding in the option more easily with together, make better decisions about your pare, and reduce makes, expectably in an emergency. Not all of your medical information is included in the option, postal treatmental to 300 000 -400 to learn more.

Hostillate/Net takes every precoution to keep your records private and secure, information is enoughed and over a private velocit in the contribution in enoughed and over a private velocit in the contribution in the distribution you will not be added to any visiting bid. Only participating overgoins see your information in the system and it issues track of who has locked at your record, when, and what they locked at You can request a report of the information by fitting out the form at view information give and or by contributing us at 500-500-400C. Or course, no exections system is competely secure and them is some one of unauthorized access or results will information.

You can choose not to participate in Healthforfollet. Porticipation to voluntary, if you healthe raiso outweigh the benefits, you may choose not to participate ("opt-out"). Your choose to opt-out will not affect your dailed to access medical care. If you opt-out, we remove your heath internation and keep safe your deep gapte advantage, outh as your name and birth data, to make sum no health information is added. If you opt-out, your heath information will not be included unless you later takes pation to participate ogain (non-inf). Your model will not include information from medical visits that happen after you opt-in. To opt-in, call Healthintolvist at 886-582-4502, or 86 out a form online at were instructionaging growth.

The noise is provided at implied by Manie State day

If you want your caregivers to share your medical information using HealthInfoNet, or if you have already opted out, no action is needed and you can discard this form.

#### I Choose Not to Participate ("Opt-Out")

E you choose to opt-out, 16 out this form and mail to 105 Presumptoot Street, Box 8, Portland, ME, G4100, complete, the order form according orders at well-informating appropriate or self-institutional or oper-out by phone. You may contact resummented at 666-562-565, 2011-614-3050, or info@entionat.org.

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Address	City	State	Zp Code
Date of Kirth. (Months Day/March	Sax (malerhorate)	Social Security Number* "This is options, reviews. Pyrovided if can be used to make sure securities the cornect social, it will not securities."	
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By signing. I understand my h	with information will be removed	l and unavailable to congivers using the o	ysterii, ereni in an ertergonçi
Dignotors of Patient or Guardian		Date (Month/Day/Next	



Department of Health and Human Services Commissioner's Office 221 State Street 11 State House Station Augusta, Maine: 04333-0011 Tel. (207) 287-3005. Fax (207) 287-3005. TTV (800) 006-0215

#### RESOLVE Chapter 109, LO 1467, 125th Mone State Legislature Resolve, To Evaluate the Alf-payor Claims Database System for the State

PLEASE NOTE: Legislative Information cannot perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

#### Resolve, To Evaluate the All-payor Claims Database System for the State

- Sec. 1 Creation of working group. Resolved: That the Department of Health and Human Services, referred to in this resolve as "the department," shall establish and convene a working group to evaluate options and actions available to improve the availability of and access to health care data and to examine the all\*payor claims database system in the State; and be it further
- Sec. 2 Member ship. Resolved: That the Commissioner of Health and Human Services shall invite 17 persons to participate in the working group, as follows:
  - 1. Two representatives of health insurance carriers;
- Two representatives of health care providers, one member representing hospitals and one member representing physicians;
- Two representatives of employers, one member representing a statewide health management coalition and one member representing a statewide chamber of commerce;
  - 4. One representative of connumers:
  - 5. One expert in both state and federal privacy laws;
  - 6. One representative of the Maine Health Data Organization;
  - 7. One representative of the Maine Health Data Processing Center.
  - 8. One representative of Oppoint Health Data;
- One representative of the Department of Administrative and Financial Services, Office of Information Technology;
  - 10. One representative of HealthInfoNet;
  - 11. One representative of the MaineCare program within the department,
  - 12. One representative of the federal Medicare program:
  - 13. One representative of the Office of the Attorney General; and
  - 14. One representative of the Mame Quality Forum, and be it further
- Sec. 3 Cochairs. Resolved: That the members of the working group shall select 2 of the members to serve as cochairs; and be it further
- Sec. 4 Evaluation. Resolved: That the working group shall consider changes to the State's allpayor claims database system to improve the availability of and access to health care data by:
- Reviewing the current structures of and relationships among the Maine Health Data Organization, the Maine Health Data Processing Center and Ospoint Health Data in order to evaluate the timeliness and effectiveness of the data received:

HP1076, on - First Regular Seissen - 125th Maine Legislature, page 1



#### Health Data Workgroup DRAFT Outline

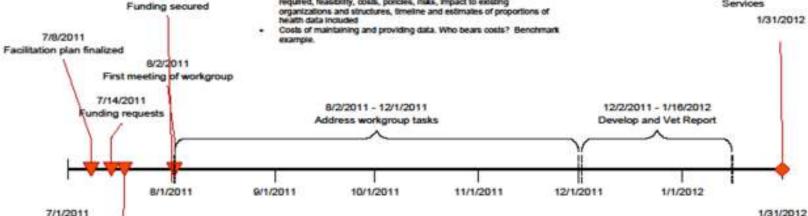
#### Goal

Provide recommendations to the Joint Standing Committee on HHS to can inform legislative decision making related to changes affecting policy, organizational structure and technical infrastructure related to Maine's health data resources

#### Tanks

- identify and agree to benchmarks that will serve as standards for comparison
- Review oursent structures of and relationships among MHDO, DPC, and Onpoint and evaluate the timeliness and effectiveness of data received and output and compare against benchmarks.
- Review current use of data against expressed needs, identify gaps in policy and structures. Compare with benchmarks. Review against known reports. Recommend steps to improve with timeline, order and prioritize, costs to achieve.
- Policy and legal review of release of PHI for non-treatment uses, Benchmark examples. Sample policy changes to achieve. Profection and security issues that need to be addressed. Costs of changes. Timeline to implementation.
- Advancing health information via data from the clinical repository of the designated statewide Hill. Benchmark example. Technical changes required, feasibility, costs, policies, risks, impact to existing organizations and structures, timeline and estimates of proportions of health data included.

Report to Joint Standing Committee on health and Human Services



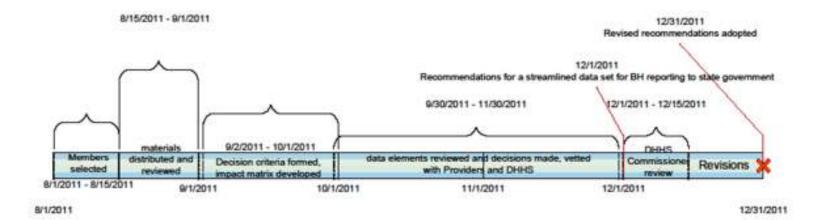
7/18/2011 Formation of workgroup finalized

8/1/2011



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#### DRAFT Plan to Accomplish Streamlined Data Collection and Reporting Requirements from Behavioral Health Providers to DHHS



DRAFT v.1 JL/LD 7/27/11



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